

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

-----X

RASHAUN BLANFORD,

Plaintiff,

-against-

CORRECTION OFFICER S. BANKS, et al.,

**DECLARATION OF
JAMES JOHNSON**

21-CV-0231

TJM/CFH

Defendants.

-----X

JAMES JOHNSON, on the date noted below and pursuant to § 1746 of Title 28 of the United States Code, declares the following to be true and correct under penalty of perjury under the laws of the United States of America:

1. I am a defendant in the above-captioned action and submit this declaration in support of Defendants' motion for summary judgment.
2. This declaration is based upon my personal knowledge, a review of the records kept in the usual course of business by the New York State Department of Corrections and Community Supervision ("DOCCS"), and DOCCS policy and procedures.
3. I have been employed by DOCCS as a Correction Officer for approximately 12 years.
4. At all times in February of 2021, the period relevant to Plaintiff's claims, I was assigned to Marcy Correctional Facility ("Marcy C.F.") as a Correction Officer.
5. It is my understanding that Plaintiff in this action, Rashaun Blanford ("Plaintiff"), alleges that I used excessive force during an incident at Marcy C.F on February 2, 2021.
6. On February 2, 2021, I was working at Marcy C.F. when I was directed by Sergeant Davis to escort an incarcerated individual from his cell to the contraband watch unit. Sergeant

Davis and Correction Officer Banks accompanied me to the incarcerated individual's cell for the escort.

7. Upon arriving at cell A2-47, Sergeant Davis instructed the incarcerated individual, who I later learned was Plaintiff, that he was being escorted to the contraband watch unit. He further instructed Plaintiff to place his hands through the cell hatch so his wrists could be placed in mechanical restraints for the escort pursuant to DOCCS policies.

8. Plaintiff complied with Sergeant Davis' direct order and placed his hands behind his back, and then put them through the cell door hatch. I then placed mechanical restraints on Plaintiff's wrists. Next, Plaintiff removed his hands from the cell door hatch and stepped into his cell so Officer Banks could open the cell door.

9. Officer Banks opened the cell door, at which time I observed that Plaintiff had a pillowcase containing his property between himself and the cell door.

10. I took hold of Plaintiff's wrists as Officer Banks knelt down to move Plaintiff's property out of the way to ensure that Plaintiff could safely exit the cell.

11. As Correction Officer Banks was moving Plaintiff's property out of the way, Plaintiff attempted to kick Officer Banks with a backwards mule style kick.

12. As Plaintiff had attempted to assault Officer Banks, force became necessary to maintain the safety and security of the facility, DOCCS staff members, and other incarcerated individuals.

13. I maintained control of Plaintiff's wrists with my right hand and wrapped my left arm around Plaintiff's upper torso. While I restrained Plaintiff's wrists and upper body, Officer Banks took control of Plaintiff's lower body. Officer Banks and I then collectively forced Plaintiff to the floor, face first.

14. Once Plaintiff was on the floor, he continued to resist, despite direct orders to stop. I then used my left hand to control the mechanical restraints around Plaintiff's wrists and used my right forearm to apply downwards pressure to Plaintiff's upper back. I then continued to hold onto the mechanical restraints securing Plaintiff's wrists and maintained pressure on Plaintiff's upper back until responding officers arrived.

15. Once responding officers arrived, Plaintiff's ankles were placed in mechanical restraints, at which point Plaintiff ceased his resistance.

16. Once Plaintiff ceased his resistance, I ceased all force against Plaintiff.

17. Responding officers then took control of Plaintiff and escorted him off the housing unit.

18. In all, the incident took less than two minutes.

19. After the above-described incident, I had no further encounters with Plaintiff on February 2, 2021.

20. Sergeant Davis was present for the entirety of the incident and was immediately behind or beside Correction Officer Banks and me.

21. All of the force I utilized during the above-described incident was necessary in order to gain control of Plaintiff and prevent him from further attempts to assault officers.

22. The force I utilized against Plaintiff was the minimum amount of force necessary to gain Plaintiff's compliance and maintain the safety of the facility, incarcerated individuals, and DOCCS staff members.

23. I did not, at any point during the use-of-force incident, apply any other force than as described above, namely securing Plaintiff's wrists and pinning him to the ground to prevent Plaintiff from any further attempts at assaulting DOCCS staff.

24. I did not, at any point during the use-of-force incident, observe any behavior which required me to intervene to protect Plaintiff.

25. Shortly after the incident, I prepared and executed a Use-of-Force Report detailing the circumstances surrounding the incident. Annexed hereto as **Exhibit A** is a true and accurate copy of the Use-of-Force Report.

26. Inasmuch as Plaintiff alleges that he was sexually assaulted by Officer Banks during the documented use-of-force incident on February 2, 2021, this is patently untrue.

27. Plaintiff alleges that Officer Banks “sexually touched” his buttocks during the use-of-force incident which I vehemently deny.

28. While Officer Banks may have made incidental contact with Plaintiff’s buttocks during the documented use-of-force incident involving Plaintiff, it was only so that he could gain control of Plaintiff while he was violently resisting and attempting to assault us.

29. As soon as Plaintiff ceased his resistance, Officer Banks and I ceased all force against Plaintiff.

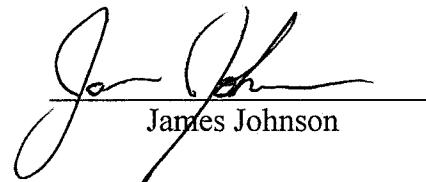
30. The force Officer Banks and I utilized was necessary to maintain the safety and security of the facility, and would not have been initiated if Plaintiff had not attempted to assault Officer Banks.

31. I do not recall having any interactions with Plaintiff prior to the events of February 2, 2021 described in this declaration.

32. At all times in dealing with Plaintiff, I interacted with Plaintiff in the same manner as I interacted with any similarly situated incarcerated individual during my employment with DOCCS.

33. At all relevant times, I conducted myself in accordance with my responsibilities as a Correction Officer, in a manner consistent with the regulations of DOCCS and what I understood my obligations under state and federal law to be.

Dated: Marcy, New York
September 14, 2022



James Johnson

Exhibit A

UNS571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
 02/09/21 USE OF FORCE REPORT
 12:47:07 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00
 INCIDENT DATE 02/02/21 TIME 12:35PM UI CCC NO.
 GEN LOC. 17 MENTAL HLTH SPEC LOC. CB LOG NO.

=====

INMATE	DIN/NYSID	ETHNIC	ROLE
BLANFORD, RASHAUN	18B0908	BLK	PERP

=====

STAFF INVOLVED	TITLE	FORCE1	FORCE2	FORCE3	DEGREE
LEONE, VINCENT V	CO	MECH RESTR			
JOHNSON, DAVID M	CO	BODY HOLD			
BANKS, SHANE R	CO	BODY HOLD			

=====

DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE:
 ON 2/2/21 AT APPROXIMATELY 12:35 P.M. INMATE BLANDFORD #18B0908 WHILE
 EXITING HIS CELL TO BE PLACED ON CONTRABAND WATCH, ATTEMPTED TO KICK
 STAFF.

=====

DESCRIBE ACTUAL FORCE USED:

OFFICER JOHNSON TOOK CONTROL OF THE MECHANICAL WRIST RESTRAINTS WITH HIS
 RIGHT HAND, HIS LEFT ARM WRAPPED AROUND INMATE'S UPPER TORSO. OFFICER BANKS
 TOOK CONTROL OF INMATE'S LEFT LEG WITH HIS LEFT HAND AND HIS RIGHT HAND ON
 INMATE'S RIGHT ANKLE, TOGETHER THEY FORCED INMATE TO THE FLOOR FACE FIRST.
 ONCE ON THE FLOOR OFFICER JOHNSON USED HIS LEFT HAND TO CONTROL THE
 MECHANICAL WRIST RESTRAINTS AND HIS RIGHT FOREARM APPLYING DOWNWARD
 PRESSURE ON INMATE'S UPPER BACK AREA. OFFICER BANKS SAT ON INMATE'S RIGHT
 LEG AND TOOK CONTROL OF THE INMATE'S LEFT ANKLE WITH BOTH HANDS. BOTH
 OFFICERS MAINTAINED THEIR HOLDS UNTIL OFFICER LEONE APPLIED THE MECHANICAL
 LEG RESTRAINTS, AT WHICH TIME INMATE BLANDFORD BECAME COMPLIANT, ENDING
 FORCE.

=====

UN5571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
 02/09/21 USE OF FORCE REPORT
 12:47:07 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00
 INCIDENT DATE 02/02/21 TIME 12:35PM UI CCC NO.
 GEN LOC. 17 MENTAL HLTH SPEC LOC. CB LOG NO.

=====

INMATE DIN/NYSID ETHNIC ROLE
 BLANFORD, RASHAUN 18B0908 BLK PERP

=====

EXAMINERS NAME TITLE EXAM DATE TIME
 S. DEROCCO NURSE 02/02/21 12:38PM

PART B - PHYSICAL EXAMINATION/TREATMENT REPORT:
 NO INJURIES NOTED

=====

SUPERVISOR REVIEW:

WAS INCIDENT VIDEOTAPED? YES WAS VIDEOTAPE REVIEWED? NO
 AUTHORIZED BY: DATE: / /

WERE USE OF FORCE PHOTOS TAKEN? YES PER DIRECTIVE

WERE USE OF FORCE PHOTOS REVIEWED? YES

WAS STAFF MEMBER INJURED? NO

WAS STAFF SEEN BY MEDICAL? YES PER DIRECTIVE

WAS INMATE INJURED? NO

WAS INMATE SEEN BY MEDICAL? YES PER DIRECTIVE

WAS THE UF MEMO COMPLETED? YES

WAS THE INMATE RETURNED TO THE CELL? NO TRANSFERED TO: RM-B2-50

REPORTED BY: SGT DAVIS DATE: 02/02/21
 REVIEWED BY: LT PYKE DATE: 02/02/21

=====

REVIEW AND EVALUATION BY SUPERINTENDENT:

THE FORCE USED BY STAFF, IN THE FORM OF BODY HOLDS, WAS NECESSARY TO GAIN
 CONTROL OF A COMBATIVE INMATE. THE FORCE WAS MINIMAL, SERIOUS INJURY
 AVOIDED AND ORDER WAS RESTORED.

=====

SPT PATRICK REARDON
 SUPERINTENDENT

02/09/21
 DATE

PAGE 2

UNS571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
 * 02/02/21 USE OF FORCE REPORT
 14:39:52 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00
 GEN LOC. 17 MENTAL HLTH SPEC LOC. UI CCC NO.
 CB LOG NO.

=====
 INMATE DIN/NYSID ETHNIC ROLE
 BLANFORD, RASHAUN 18B0908 BLK PERP
 =====

STAFF INVOLVED	TITLE	FORCE1	FORCE2	FORCE3	DEGREE
LEONE, VINCENT V	CO	MECH RESTR			
JOHNSON, DAVID M	CO	BODY HOLD			
BANKS, SHANE R	CO	BODY HOLD			

=====
 DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE:
 ON 2/2/21 AT APPROXIMATELY 12:35 P.M. INMATE BLANDFORD #18B0908 WHILE
 EXITING HIS CELL TO BE PLACED ON CONTRABAND WATCH, ATTEMPTED TO KICK
 STAFF.

=====
 DESCRIBE ACTUAL FORCE USED:
 OFFICER JOHNSON TOOK CONTROL OF THE MECHANICAL WRIST RESTRAINTS WITH HIS
 RIGHT HAND, HIS LEFT ARM WRAPPED AROUND INMATE'S UPPER TORSO. OFFICER BANKS
 TOOK CONTROL OF INMATE'S LEFT LEG WITH HIS LEFT HAND AND HIS RIGHT HAND ON
 INMATE'S RIGHT ANKLE, TOGETHER THEY FORCED INMATE TO THE FLOOR FACE FIRST.
 ONCE ON THE FLOOR OFFICER JOHNSON USED HIS LEFT HAND TO CONTROL THE
 MECHANICAL WRIST RESTRAINTS AND HIS RIGHT FOREARM APPLYING DOWNWARD
 PRESSURE ON INMATE'S UPPER BACK AREA. OFFICER BANKS SAT ON INMATE'S RIGHT
 LEG AND TOOK CONTROL OF THE INMATE'S LEFT ANKLE WITH BOTH HANDS. BOTH
 OFFICERS MAINTAINED THEIR HOLDS UNTIL OFFICER LEONE APPLIED THE MECHANICAL
 LEG RESTRAINTS, AT WHICH TIME INMATE BLANDFORD BECAME COMPLIANT, ENDING
 FORCE.

UN5571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
02/02/21 USE OF FORCE REPORT
14:39:52 MARCY RES MNTL HLTH UNIT UF LOG NO. 210019.00
INCIDENT DATE 02/02/21 TIME 12:35PM UI CCC NO.
GEN LOC. 17 MENTAL HLTH SPEC LOC. CB LOG NO.
=====

INMATE DIN/NYSID ETHNIC ROLE
BLANFORD, RASHAUN 18B0908 BLK PERP
=====

EXAMINERS NAME TITLE EXAM DATE TIME
S. DEROCO NURSE 02/02/21 12:38PM

PART B - PHYSICAL EXAMINATION/TREATMENT REPORT:
NO INJURIES NOTED

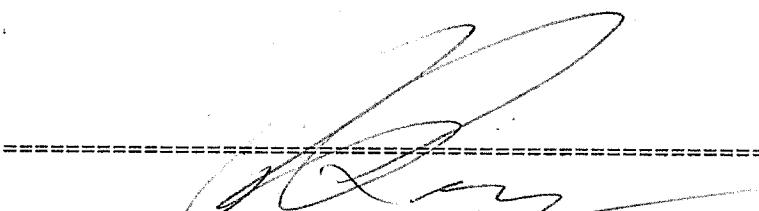
=====

SUPERVISOR REVIEW:

WAS INCIDENT VIDEOTAPED? YES WAS VIDEOTAPE REVIEWED? NO
AUTHORIZED BY: DATE: / /
WERE USE OF FORCE PHOTOS TAKEN? YES PER DIRECTIVE
WERE USE OF FORCE PHOTOS REVIEWED? YES
WAS STAFF MEMBER INJURED? NO
WAS STAFF SEEN BY MEDICAL? YES PER DIRECTIVE
WAS INMATE INJURED? NO
WAS INMATE SEEN BY MEDICAL? YES PER DIRECTIVE
WAS THE UF MEMO COMPLETED? YES
WAS THE INMATE RETURNED TO THE CELL? NO TRANSFERED TO: RM-B2-50
REPORTED BY: SGT DAVIS DATE: 02/02/21
REVIEWED BY: LT PYKE DATE: 02/02/21

=====

REVIEW AND EVALUATION BY SUPERINTENDENT:



2/9/21
DATE
PAGE 2

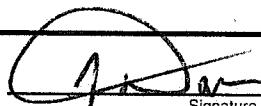
FORM # 2104 (3/16)
1 OF 2

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are _____ other
reports filed under this
Use of Force Log #

USE OF FORCE REPORT

Ref. Directives #4004, 4944
(Prior To Completing Form,
See Reverse For Instructions)

REPORTING STAFF		REPORTING STAFF	
Name: J.DAVIS		Title: Sergeant	
Marcy Correctional Facility FACILITY:	February 2, 2021 Incident Date:	Facility Use of Force	2 <input type="checkbox"/> 1 <input type="checkbox"/> - 0 <input type="checkbox"/> 1 <input type="checkbox"/> 9
RMHU A2-47 CELL Incident Location:	12:35 P.M Incident Time:	If Unusual Incident, CCC Log #:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name Blandford,R	DIN 18B0908	Cell/Cube Locations RM-A2-47	Role Code* 03
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. CO S.BANKS	5.		
2. CO. J.JOHNSON	6.		
3. CO S.BANKS	7.		
4.	8.		
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. SGT J.DAVIS	5.		
2. LT S.PYKE	6.		
3. LT A. KIERPIEC	7.		
4.	8.		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)			
On 2/2/21 at approximately 12:35 p.m. Inmate Blandford #18B0908 while exiting his cell to be placed on contraband watch, attempted to kick staff.			
J.DAVIS REPORTER - NAME		Sergeant Title	02/02/21 Date

CONTINUED

FORM # 2104 (3/16)
Part A 2 of 2

Ref. Directives #4004, 4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #

USE OF FORCE REPORT

TYPE OF FORCE USED	02 , 04	01 Baton	03 Chemical Agents	05 Use of Firearms	07 Strike
		02 Body Holds	04 Mechanical Restraints	06 Shield	99 Other

DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter; Individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

Officer Johnson took control of the mechanical wrist restraints with his right hand, his left arm wrapped around inmate's upper torso. Officer Banks took control of inmates left leg with his left hand and his right hand on inmate's right ankle, together they forced inmate to the floor face first. Once on the floor Officer Johnson used his left hand to control the mechanical wrist restraints and his right forearm applying downward pressure on inmate's upper back area. Officer Banks sat on inmate's right leg and took control of the inmate's left ankle with both hands. Both officers maintain there holds until Officer Leone applied the leg mechanical leg restraints, at which time inmate Blanford became compliant, ending force.

DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information; Description of any injuries you sustained.)

Inmate Blanford was assisted to his feet and escorted to medical and evaluated by RN DeRocco with no injuries noted. From medical inmate was escorted to the reception strip frisk room and a strip frisk was conducted with no contraband found. Inmate Blanford was escorted to B-2-50 cell and secured without incident. All involved staff was seen by medical with no injuries to report and all remained on duty. All pertinent paperwork completed and submitted.

REPORTER - Name

Signature

Sergeant

Title

02/02/21

Date

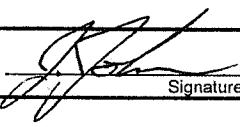
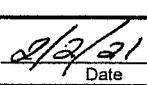
Defendant 000006

FORM #2104A (3/16)
1 of 2
Ref. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF	
Name: <u>J. Johnson</u>		Title: <u>C.O.</u>	
FACILITY: <u>Marcy</u> <u>A2-47 cell</u>	Incident Date: <u>2/2/21</u>	Facility Use of Force: <u>21 - 019</u>	
Incident Location: <u></u>	Incident Time: <u>12:35 pm</u>		
I. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name	DIN	Cell/Cube Locations	Role Code*
<u>Blanford, R.</u>	<u>18B0908</u>	<u>A2-47</u>	<u>03</u>
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. <u>Johnson, J. C.O.</u>	5.		
2. <u>Banks, S. C.O.</u>	6.		
3.	7.		
4.	8.		
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. <u>Sgt. Davis</u>	5.		
2. <u>Lt. Pyke</u>	6.		
3. <u>Lt. Kiespie</u>	7.		
4.	8.		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)			
<p><i>Myself and another officer were taking inmate Blanford, R, 18B0908 out of cell A2-47 to be placed on a contraband watch. I applied mechanical wrist restraints to the inmate and the cell door was called to be open. Once the cell door was open the inmate had some of his property in a pillow case right in the cell doorway. Another officer went to remove the property and the inmate was pushing back and then did a mule kick at the officer.</i></p>			
J. Johnson REPORTER – Name			Signature
		C.O.	Title
			Date

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000007

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are _____ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

TYPE OF FORCE USED

02

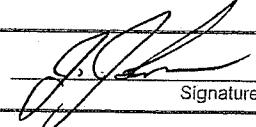
01 Baton 03 Chemical Agents 05 Use of Firearms
02 Body Hold 04 Mechanical Restraints 06 Shield 07 Strike
99 Other

DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

At this time I used my right hand and took control of the mechanical wrist restraints and used my left arm and wrapped it around the inmates upper torso and forced his to the floor. Once on the floor I used my left hand and controlled the mechanical wrist restraints and I also used my right forearm on the upper part of the inmates back and applied downward pressure until the inmate became compliant and mechanical leg restraints were applied. No further force was used.

DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)

I was relieved by other officers and reported to medical with no injuries to report at this time and remained on duty.

J. Johnson
REPORTER - Name


Signature

C.O.

Title

2/2/21
Date

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000008

FORM #2104A (3/16)
1 of 2
Ref. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF	
Name: Banks, S. Marcy FACILITY: RMHU Bldg #30		Title: C.O.	
Incident Date: 2/2/21 Incident Location: A2-47 cell		Facility Use of Force:	21 - 019
Incident Time: Approx 12:35 pm			
REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name	DIN	Cell/Cube Locations	Role Code*
Blanford	18B0908	A-2-47	03
			*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. Johnson, J. / CO.	5.		
2. Banks, S. / CO.	6.		
3.	7.		
4.	8.		
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. Davis, J. / Sgt.	5.		
2. Pyle, S. / L.T.	6.		
3. Kierpec / L.T.	7.		
4.	8.		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)			
<p>While talking Inmate Blanford (18B0908) out of his cell (A-2-47) inmate Blanford attempted to mule kick me as I was bent over trying to move his property out of the way so that he could be removed from his cell.</p>			
S. Banks REPORTER - Name	Signature	C.O.	Date 2/2/21

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000009

CONTINUED

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

TYPE OF FORCE USED	C2			
	01 Baton	03 Chemical Agents	05 Use of Firearms	07 Strike
02 Body Hold	04 Mechanical Restraints	06 Shield	99 Other	
DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)				
<p>I then took control of inmate Blanford's left leg with my left hand and his right ankle area with my right hand and inmate Blanford was brought to the floor. Once on the floor I sat on his right leg and then took control of his left ankle area with both my hands to maintain control until leg restraints were applied. Once leg restraints were applied inmate Blanford became compliant and no other force was used by myself or any one else.</p>				
DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)				
<p>I was then released after inmate Blanford became compliant. Inmate Blanford was escorted to medical to be seen and then went to be strip frisked afterwards. I then went to medical to be seen with no injuries to report to myself and remained on duty.</p>				
S. Banks REPORTER – Name	 Signature		CO	2/2/21 Date

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000010

FORM #2104A (3/16)

1 of 2

Ref. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF	
Name: <u>V. Leone</u>		Title: <u>C.O.</u>	
FACILITY: <u>Marcy FMC</u>	Incident Date: <u>2/2/21</u>	Facility Use of Force: <u>21 - 019</u>	
Incident Location: <u>A2-47 cell</u>	Incident Time: <u>12:35 p.m.</u>		
I. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name: <u>Blanford, R</u>	DIN: <u>18B0908</u>	Cell/Cube Locations: <u>A2-47</u>	Role Code* <u>03</u>
*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness			
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. <u>Banks, S C.O.</u>	5. <u></u>		
2. <u>Johnson, J C.O.</u>	6. <u></u>		
3. <u>Leone, V C.O.</u>	7. <u></u>		
4. <u></u>	8. <u></u>		
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. <u>Sgt Davis</u>	5. <u></u>		
2. <u>Lt. Pyke</u>	6. <u></u>		
3. <u>Lt Kierpiec</u>	7. <u></u>		
4. <u></u>	8. <u></u>		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)			
<u>I officer Leone responded to a response at A2-47 cell Once at the cell I observed officers holding inmate Blanford 18B0908 to the floor in front of A2-47 cell.</u>			
REPORTER - Name: <u>V. Leone</u>	Signature: <u>V. Leone</u>	Title: <u>C.O.</u>	Date: <u>2-2-21</u>

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000011

CONTINUED

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

TYPE OF FORCE USED

 04

01 Baton

02 Body Hold

03 Chemical Agents

04 Mechanical Restraints

05 Use of Firearms

06 Shield

07 Strike

99 Other

DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

I officer heave, then Applied Mechanical Leg Restraints to Inmate Blanford's Right Ankle. Once Secure I Applied Mechanical Leg Restraints to the Inmate's Left Ankle. The Inmate then Became Compliant and No further force was used.

DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)

I then Assisted Inmate Blanford to his Feet and Escorted him out of the Area. I then went to Medical to Fill out a injury Report and to Be Seen By the Medical Nurse. I then Returned to my Normal Duties

V heave

REPORTER – Name

V heave

Signature

CC

Title

2-2-21

Date

Dist.: Original – Superintendent

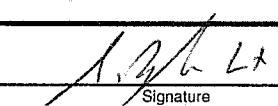
Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000012

FORM # 2104A (3/16)
1 OF 2

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #Ref. Directives #4004, 4944
(Prior To Completing Form,
See Reverse For Instructions)USE OF FORCE
STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF							
Name: S. Pyke		Title: Lieutenant							
Marcy Correctional Facility FACILITY:	Incident Date:	Facility Use of Force <table border="1" style="display: inline-table;"><tr><td>2</td><td>1</td><td>-</td><td>0</td><td>1</td><td>9</td></tr></table>		2	1	-	0	1	9
2	1	-	0	1	9				
RMHU	12:35 P.M.								
Incident Location:	Incident Time:								
1. REPORT OF INCIDENT									
INMATE(S) INVOLVED									
Name		DIN	Cell/Cube Locations						
Blanford, R		18B0908	A2-47						
			3						
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)									
1. Banks CO		5.							
2. Johnson CO		6.							
3. Leone CO		7.							
4.		8.							
IDENTIFY ALL STAFF PRESENT DURING THE UOF									
1. Davis Sgt		5.							
2. Kierpiec A/Capt.		6.							
3. Pyke LT		7.							
4.		8.							
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)									
Inmate Blanford, R 18B0908 RM-A2-47 was being removed from his cell to be placed on RCTP status. As Blanford exited the cell he kicked rearward at staff but did not hit them.									
S. Pyke REPORTER - NAME		Signature 							
		Lieutenant Title	02/02/21 Date						

Defendant 000013

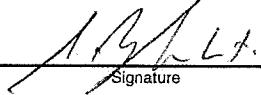
CONTINUED

FORM # 2104A (3/16)
Part A 2 of 2

Ref. Directives #4004, 4944

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ____ other
reports filed under this
Use of Force Log #USE OF FORCE
STAFF MEMORANDUM

TYPE OF FORCE USED	N/A	01 Baton	03 Chemical Agents	05 Use of Firearms	07 Strike
		02 Body Holds	04 Mechanical Restraints	06 Shield	99 Other
DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter; Individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)					
Staff used body holds to take Blanford to the floor face first and held him there until responding staff applied mechanical leg restraints. Once the restraints were in place Blanford became compliant and all force ceased. At no time did I use force.					
DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information; Description of any injuries you sustained.)					
Blanford was assisted to his feet by uninvolved staff and escorted to medical for assessment. He was then strip frisked and admitted to RM-B2-50 on a 1 on 1 watch. I returned to my normal duties.					
S. Pyke REPORTER - Name		Signature	Lieutenant Title	02/02/21 Date	

FORM #2104A (3/16)
1 of 2
Ref. Directives #4004, #4944
(Prior To Completing Form,
See Reverse For Instructions)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other
reports filed under this
Use of Force Log #

USE OF FORCE STAFF MEMORANDUM

REPORTING STAFF		REPORTING STAFF	
Name: <u>A. Kierpice</u>		Title: <u>Lt.</u>	
FACILITY: <u>marcy Rmtv</u> <u>Rmtv</u>	Incident Date: <u>2/2/21</u>	Facility Use of Force: <u>21 - 019</u>	
Incident Location: <u>A2-47 cell</u>	Incident Time: <u>12:35pm</u>		
I. REPORT OF INCIDENT			
INMATE(S) INVOLVED			
Name <u>Blanford, R.</u>	DIN <u>18B0908</u>	Cell/Cube Locations <u>A2-47</u>	Role Code* <u>03</u>
*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness			
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)			
1. <u>Banks, S.</u>	C.O.	5.	
2. <u>Johnson, T.</u>	C.O.	6.	
3.		7.	
4.		8.	
IDENTIFY ALL STAFF PRESENT DURING THE UOF			
1. <u>Sgt. Davis</u>	5.		
2. <u>Lt. Pyke</u>	6.		
3. <u>Lt. Kierpice</u>	7.		
4.	8.		
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at that location; description of de-escalation attempt(s) made and inmate's response to that effort.)			
<p><i>Inmate Blanford R. #18B0908 was being removed from his cell to be admitted to A2-50 for a suicide/contraband watch. As the cell door of A2-47 opened, Inmate Blanford attempted to kick at staff.</i></p>			
_____ <u>A. Kierpice</u> REPORTER Name	_____ <u>A. Th</u> Signature	_____ <u>Lt.</u> Title	_____ <u>2/2/21</u> Date

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000015

CONTINUED

FORM 2104A (3/16)
2 of 2
Ref. Directive #4004, #4944

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are ___ other reports filed under this Use of Force Log #

**USE OF FORCE
STAFF MEMORANDUM**

TYPE OF FORCE USED	01 Baton	03 Chemical Agents	05 Use of Firearms	07 Strike
	02 Body Hold	04 Mechanical Restraints	06 Shield	99 Other
<i>N/A</i>				
DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by reporter; individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)				
<p>Officers Banks & Johnson used body holds and forced inmate Blayford to the ground. Once on the ground inmate became compliant and all force ceased. At no time did I use force.</p>				
DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)				
<p>Inmate was then placed in leg restraints & assisted to his feet. He was then taken to medical. After being seen by medical inmate Blayford was brought to reception where he was stripped, frisked and use of force photos were taken. He was then placed in B-50 without further incident. I returned back to my normal daily duties.</p>				
<p><i>A. Kiepke</i> REPORTER - Name</p>		<p><i>A. J.</i> Signature</p>	<p><i>LJ.</i> Title</p>	<p><i>2/2/21</i> Date</p>

Dist.: Original – Superintendent

Copy – Guidance Unit file(s) of inmate(s) involved

Defendant 000016

FORM 2104.1 (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

USE OF FORCE REPORT (CONT'D)

Ref. Directive #4944, 4004

There are _____ other
reports filed under this
Use of Force Log #

FACILITY WADSWORTH	Date & Time of Incident 2/12/21 1235pm	Facility Use of Force Log # 21-019
INMATE NAME Blantford, Rashawn	DIN 18B0908	If Unusual Incident, CCC Log # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PART B - PHYSICAL EXAMINATION / TREATMENT REPORT

EXAMINER'S NAME AND TITLE
S. DeRocco RN II

Date & Time of Examination
2/12/21 1238pm

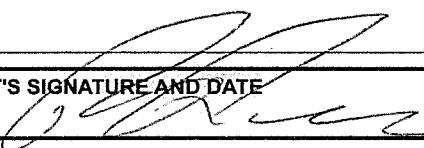
MEDICAL REPORT (INDICATE DATE & TIME OF EXAMINATION, DESCRIBE EXTENT OF ANY INJURIES, AND DESCRIBE TREATMENT PROVIDED)

Inmate seen in medical after UOF; Inm very agitated - states "I have a pen in my dick, you're gonna have to send me out." This foreign body insertion was not witnessed - Enc. Inmate to remove whatever he put in his penis. No trauma seen by staff on penis during strip search. Per NP Conflagration with regard to FB - monitor Inmate at this unit.

EXAMINER'S SIGNATURE AND DATE
SN 455 2/12/21

PART C - REVIEW AND EVALUATION BY SUPERINTENDENT

The force used by staff, in the form of body holding was necessary to gain control of a combative inmate. The force was minimal, serious injury avoided and order was restored.

SUPERINTENDENT'S SIGNATURE AND DATE


2/9/21

FORM 1203 (02/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMPLOYEE ACCIDENT / INJURY REPORT

DELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS
(#1 - 14 to be completed by Employee)

Personnel use Only
(check one)

- Lost Time
- No Lost Time

FORM 1203 (02/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMPLOYEE ACCIDENT / INJURY REPORT

DELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS
(#1 - 14 to be completed by Employee)

Personnel use Only
(check one)

Lost Time
 No Lost Time

1

1

1

1

1

2

2

22

23

25

FORM 1203 (02/15)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EMPLOYEE ACCIDENT / INJURY REPORT

DELIVER THIS REPORT TO PERSONNEL WITHIN 24 HOURS
(#1 - 14 to be completed by Employee)

Personnel use Only
(check one) Lost Time
 No Lost Time

[Large black rectangular redaction box covering the majority of the page content.]

FORM 2104.1ADD (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944, 4004

USE OF FORCE REPORT - PART B - ADDENDUM

FACILITY	Date & Time of Incident	Facility Use of Force Log #
March 4 95	2/2/01 1235pm	21-019
INMATE NAME	DIN	Cell Location
Blanford, Rashawn	18B0908	A2-47

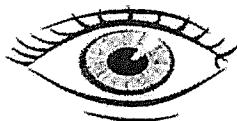
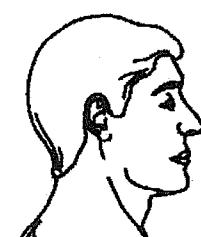
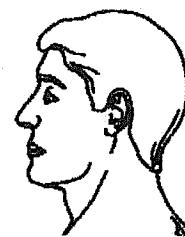
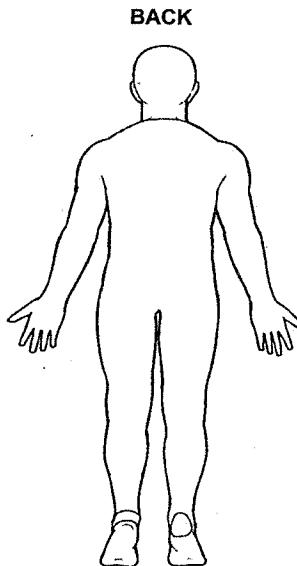
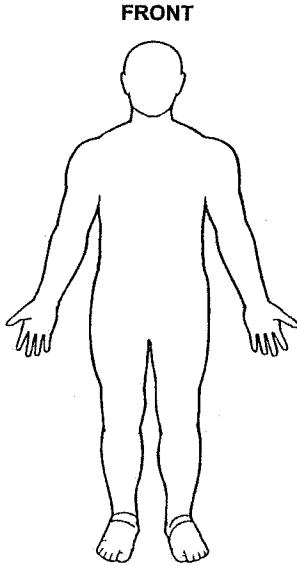
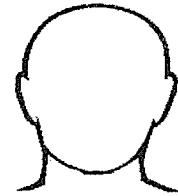
PHYSICAL EXAMINATION / TREATMENT - DETAIL

EXAMINER'S NAME AND TITLE

S. DeRocco RN II

Date & Time of Examination

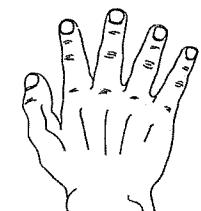
22/21 1238pm.



OD (Right)



OS (Left)



Inmate seen in medical after UDF; inmate very agitated - states "I have a pen in my dict, you're gonna have to send me out." This Foreign body insertion was not witnessed - Enc Inmate to remove whatever he put in his penis - No trauma seen by staff on penis during strip frisk. Per. NP Corrigians with regard to Foreign body - monitor inmate at this time.

EXAMINER'S SIGNATURE AND DATE

ER'S SIGNATURE AND DATE

Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved

Defendant 000021

FORM 2104.1ADD (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944, 4004

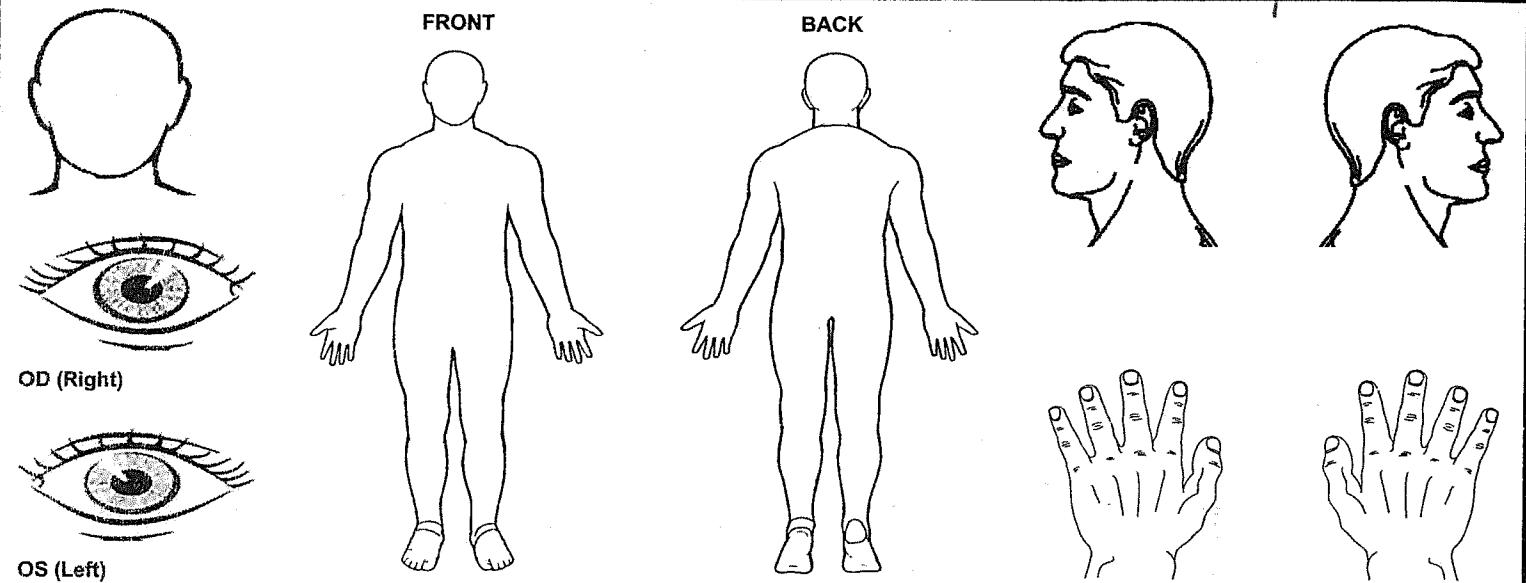
USE OF FORCE REPORT - PART B - ADDENDUM

FACILITY	Date & Time of Incident	Facility Use of Force Log #
Marcy 495	2/2/21 1235pm	21-019

INMATE NAME	DIN	Cell Location
Blanford, Rushawn	18B0908	A2-47

PHYSICAL EXAMINATION / TREATMENT - DETAIL

EXAMINER'S NAME AND TITLE	Date & Time of Examination
S. DiPietro RN II	2/2/21 1238pm



Inmate seen in medical after UOF; inmate very agitated - states "I have a pen in my dick, you're gonna have to send me out." This Foreign body insertion was not witnessed - Enc Inmate to remove whatever he put in his penis - No trauma seen by staff on penis during Strip frisk. Per. NP Ongliano with regard to Foreign body - monitor inmate at this time.

EXAMINER'S SIGNATURE AND DATE
SM 4SS 2/2/21

FORM 2104.1 (4/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Ref. Directive #4944, 4004

USE OF FORCE REPORT (CONT'D)

There are _____ other
reports filed under this
Use of Force Log #

FACILITY MANY 495.	Date & Time of Incident 2/20/21 1235pm	Facility Use of Force Log # 21-019
INMATE NAME Blantford, Rashaun.	DIN 18B0908.	If Unusual Incident, CCC Log # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PART B - PHYSICAL EXAMINATION / TREATMENT REPORT

EXAMINER'S NAME AND TITLE S. De Rocca RN II	Date & Time of Examination 2/21/21 1238pm.
--	---

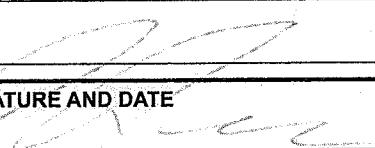
MEDICAL REPORT (INDICATE DATE & TIME OF EXAMINATION, DESCRIBE EXTENT OF ANY INJURIES, AND DESCRIBE TREATMENT PROVIDED)

Inmate seen in medical after UOF; IM very agitated - states "I have a pen in my dick, you're gonna have to send me out." This foreign body insertion was not witnessed - Enc. inmate to remove whatever he put in his penis. No trauma seen by staff on penis during strip task. Per NP Coughlan with regard to FB - monitor inmate at this unit.

EXAMINER'S SIGNATURE AND DATE
XN 495 2/20/21

PART C - REVIEW AND EVALUATION BY SUPERINTENDENT

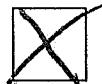
The force used by staff, in the form of body holding was necessary, to gain control of the administrative inmate. The force was minimal, serious injury avoided - no other was reported.

SUPERINTENDENT'S SIGNATURE AND DATE


MARCY CORRECTIONAL FACILITY

INMATE: Blanford **DIN# 18B0908**

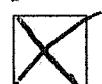
PIC# 1 MUG SHOT



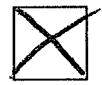
PIC#2 FRONT VIEW



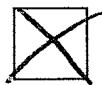
PIC# 3 RIGHT SIDE



PIC# 4 BACK VIEW



PIC# 5 LEFT SIDE



(PHOTOS 1-5 TAKEN FROM 10' DISTANCE WITH FLASH)

INCLUDE DESCRIPTION OF INJURED AREA (S)

PIC# 6 _____

PIC# 7 _____

PIC# 8 _____

PIC# 9 _____

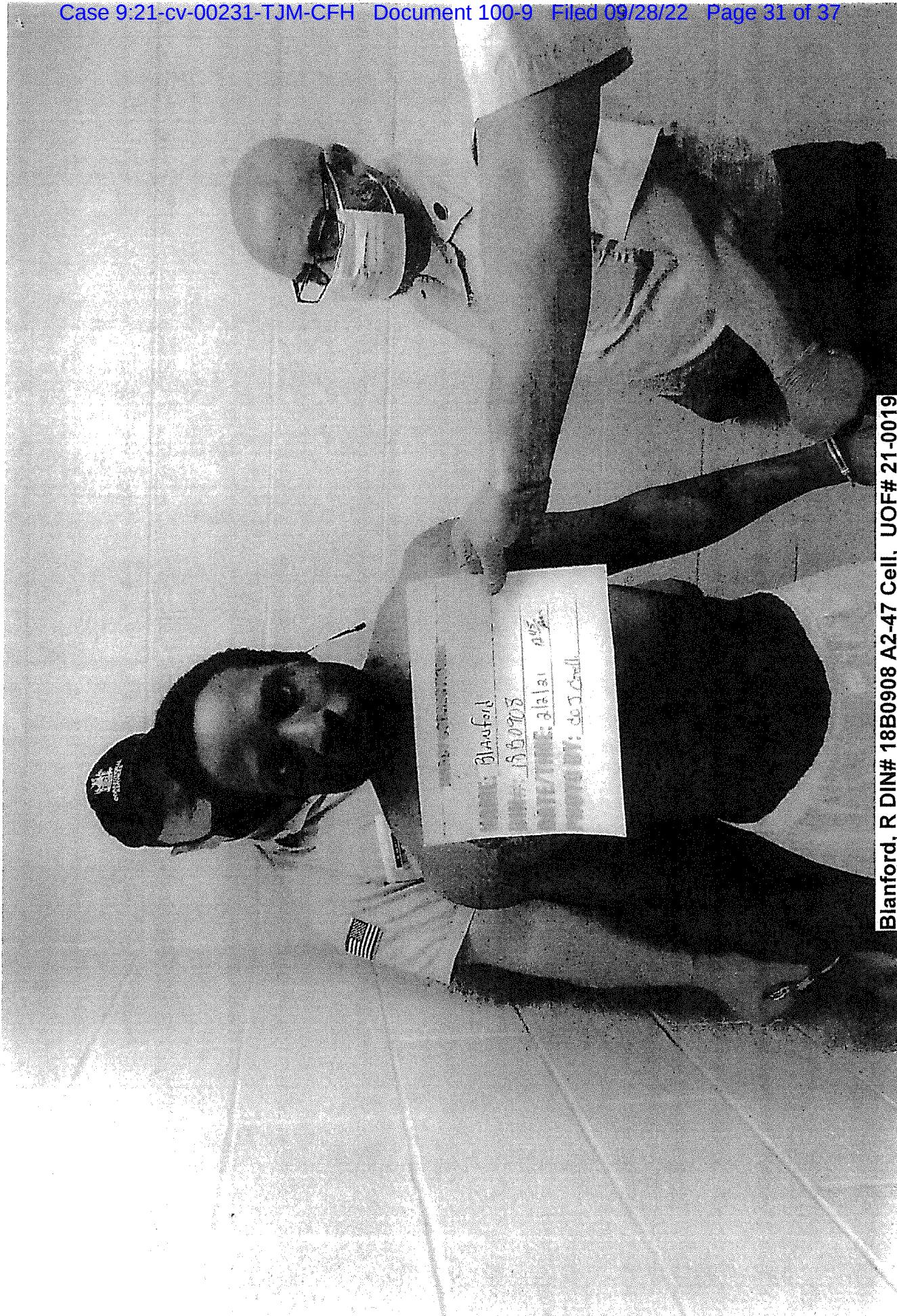
PIC# 10 _____

PHOTOGRAPHER'S NAME AND TITLE: _____

DATE: 2/2/21

TIME: 12:45 **AM / PM**

十一

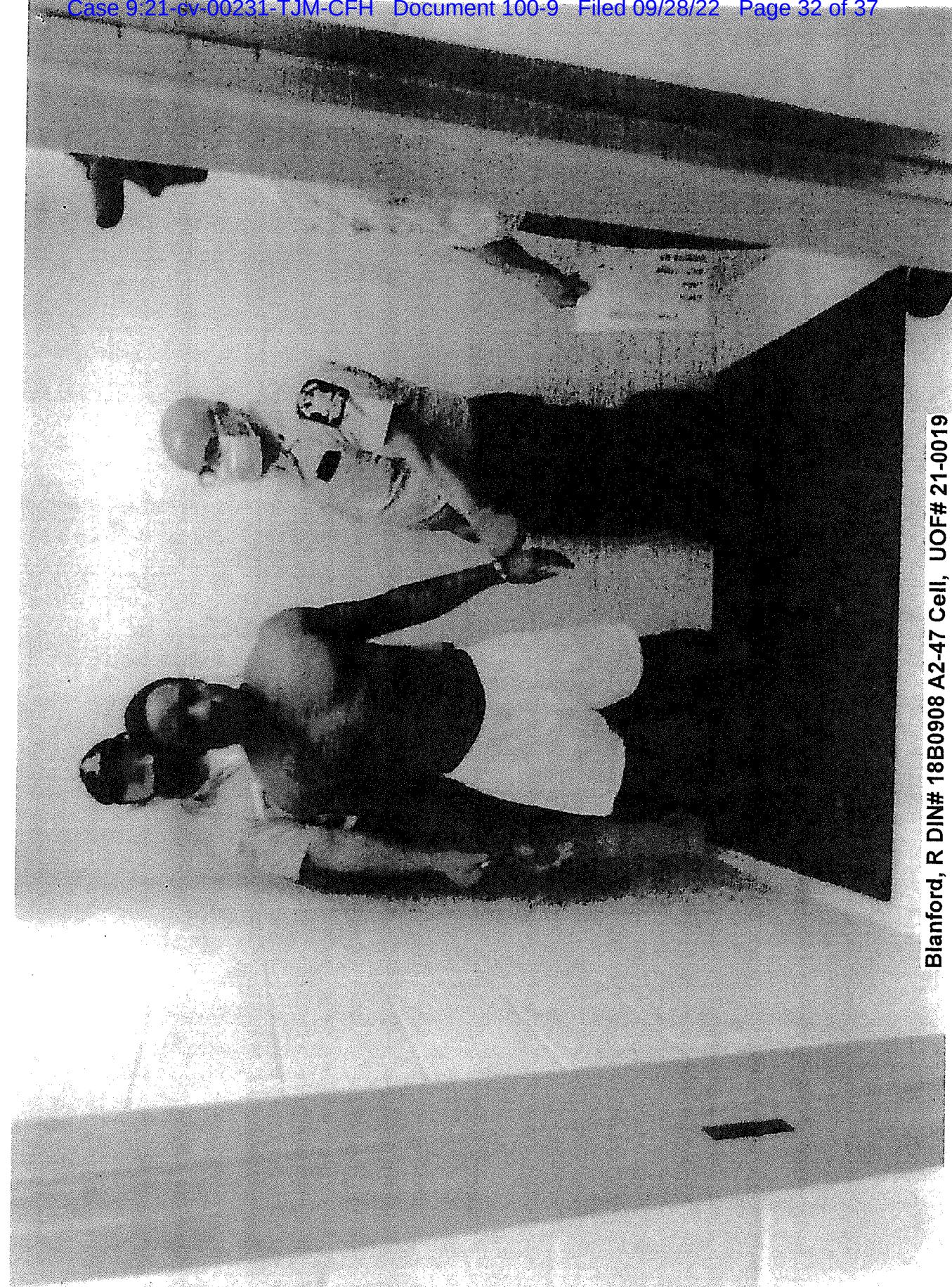


Blanford, R DIN# 18B0908 A2-47 Cell, UOF# 21-0019

2-2-3-1

Defendant 000025

#2



Blanford, R DIN# 18B0908 A2-47 Cell, UOF# 21-0019

2-2-21

Defendant 000026

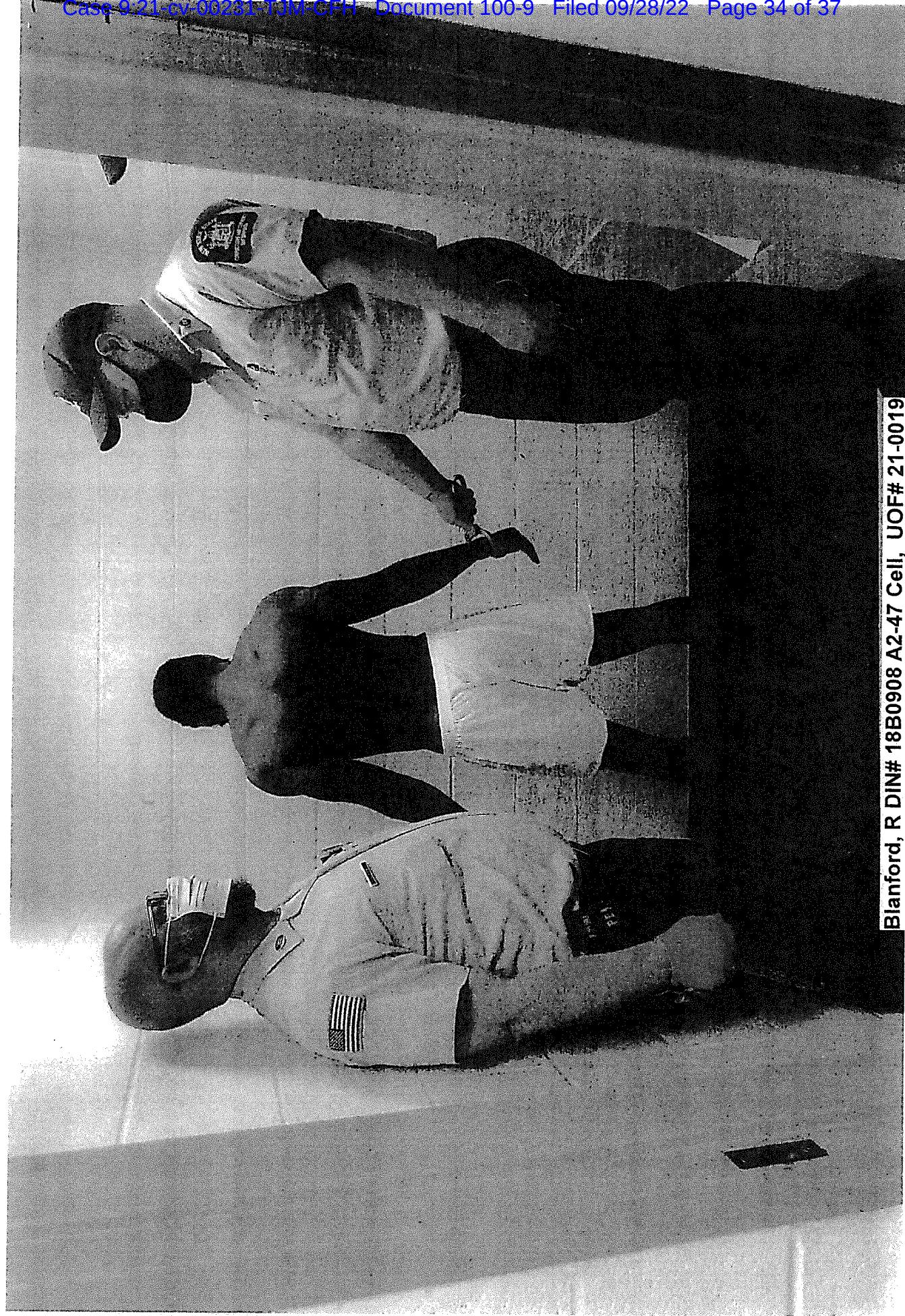
3



Blanford, R DIN# 18B0908 A2-47 Cell, UOF# 21-0019

2-2-21

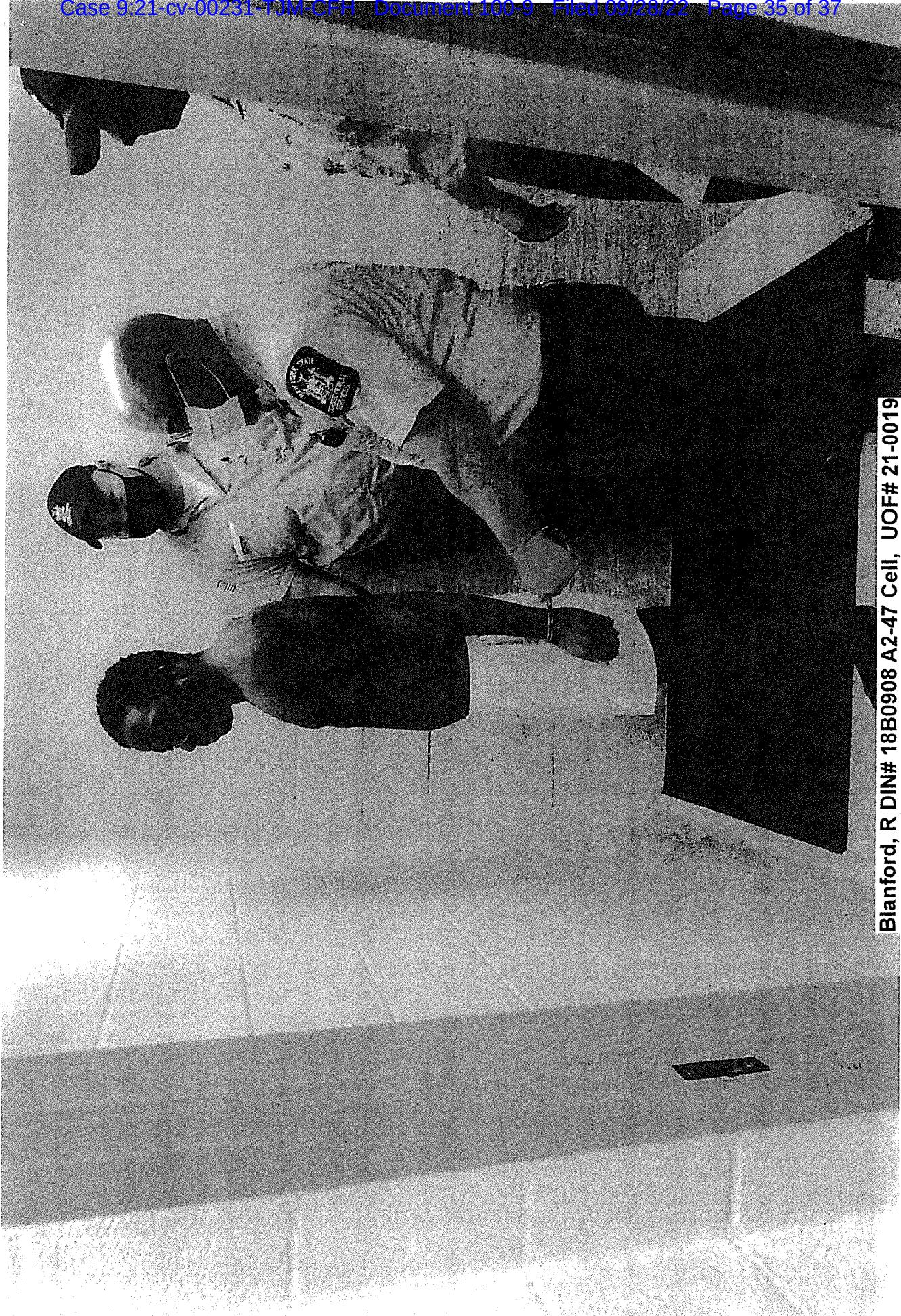
4



Blanford, R DIN# 18B0908 A2-47 Cell, UOF# 21-0019

2-2-21

Defendant 000028



Blanford, R DIN# 18B0908 A2-47 Cell, UOF# 21-0019

Defendant 000029

FORM 2171A (10/14)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Side 1

MARCY

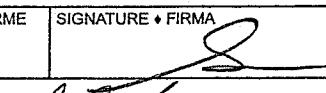
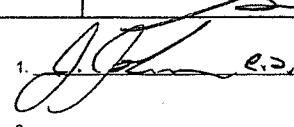
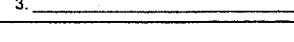
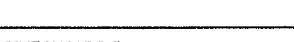
Correctional Facility

INMATE MISBEHAVIOR REPORT • INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) • NOMBRE DEL RECLUSO (Apellido, Nombre)	NO. • NÚM.	HOUSING LOCATION • CELDA
Blanford, R.	18B0908	A-2-47
2. LOCATION OF INCIDENT • LUGAR DEL INCIDENTE	INCIDENT DATE • FECHA	INCIDENT TIME • HORA
A-2-47 cell	2/2/21	Approx 12:35pm
3. RULE VIOLATION(S) • VIOLACIÓN/ES		
100.11 (attempted assault on staff) 104.11 (Violent conduct) 106.10 (Direct order)		

4. DESCRIPTION OF INCIDENT • DESCRIPCIÓN DEL INCIDENTE

While taking inmate Blanford out of his cell I attempted to remove property that was in the way so he could be removed from his cell. Inmate Blanford then attempted to mule kick me. He was then taking to the floor forcibly by myself and another staff member. He continued to struggle until leg restraints could be applied, and at that time he began to comply with no other force used. I was then relieved and inmate Blanford was escorted to medical to be seen.

REPORT DATE • FECHA	REPORTED BY • NOMBRE DE LA PERSONA QUE HACE EL INFORME	SIGNATURE • FIRMA	TITLE • TÍTULO
2/2/21	S. Banks		C.O.
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any). ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay)		SIGNATURES: FIRMAS:	
		1. 	e.o.
		2. 	
		3. 	

NOTE: Fold back Page 2 on dotted line before completing below.

6. WERE OTHER INMATES INVOLVED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, GIVE NAME & # _____ ¿HUBO OTROS RECLUSOS ENVUELTO? SÍ <input type="checkbox"/> NO <input type="checkbox"/> DE SER SÍ DÉ LOS NOMBRES Y DIN _____
7. AT THE TIME OF THIS INCIDENT: (A) WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) WAS INMATE HOUSED IN A SHU CELL? YES <input type="checkbox"/> NO <input type="checkbox"/> ¿ESTUVO EL RECLUSO CONFINADO/RESTRINGIDO PREVIO AL INCIDENTE? SÍ <input type="checkbox"/> NO <input type="checkbox"/> ¿ESTUVO EL RECLUSO EN UNA CELDA DEL SHU? SÍ <input type="checkbox"/> NO <input type="checkbox"/> (C) AS A RESULT OF THIS INCIDENT, WAS INMATE CONFINED/RESTRICTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ¿SE CONFINÓ/RESTRINGÓ AL RECLUSO COMO RESULTADO DE ESTE INCIDENTE? SÍ <input type="checkbox"/> NO <input type="checkbox"/>
8. WAS INMATE MOVED AT ANOTHER HOUSING UNIT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ¿MUDARON AL RECLUSO A OTRA UNIDAD DE VIVIENDA? SÍ <input type="checkbox"/> NO <input type="checkbox"/> IF YES, (a) CURRENT HOUSING UNIT _____ (b) AUTHORIZED BY _____ DER SER SÍ, (a) UNIDAD DE VIVIENDA ACTUAL _____ (b) AUTORIZADO POR _____
9. WAS PHYSICAL FORCE USED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (IF YES, FILE FORM 2104) ¿SE USÓ FUERZA FISICA? SÍ <input type="checkbox"/> NO <input type="checkbox"/> (DER SER SÍ, SOMETA EL FORMULARIO No. 2104)
AREA SUPERVISOR ENDORSEMENT _____ ENDOSO DEL SUPERVISOR DEL ÁREA _____
Defendant 000030

MARCY CORRECTIONAL FACILITY
MEMORANDUM

TO: Captain Kierpice
 FROM: S. Ayke Watch Commander on Duty
 DATE: 2-4-21
 SUBJECT: U.I. # N/A CCC# N/A UOF# 21-0019

UNUSUAL INCIDENT/USE OF FORCE PAPERWORK TO INCLUDE IN PACKETS

1. Final U.I. or U.O.F. W
2. Photocopies of all Misbehavior Reports W
3. Employee Accident Report(s)- (as required) (Original must be sent to Personnel within 24 hours) W
4. Report of Inmate Injury (as required) (Original must be sent to Fire & Safety) W
5. Memorandums from all employees involved (Originals) N/A
6. Forms 2104 and 2104.1 need to be filled out if force was used
 - a. Photographs (Crime Scene/Staff/Inmates/Contraband/etc.) (EACH PAGE LABELED) W
 - b. All 2104a's from involved staff W
 - c. Verint recording made of incident (DVD) (LABELED) W
 - d. Hand held video – Use of Force – Transferred to DVD (LABELED) N/A
7. Supporting Documentation (e.g. Drug Testing Paperwork/Aggravated Harassment Paperwork) W
8. U.I. Cover Sheet indicating that the packet was checked and found complete (Form in packet to be signed by W.C. on duty) W
9. State Police Notified (To be done by Captains Office) N/A

PLACE N/A IF DOCUMENTATION IS NOT NECESSARY

THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL UNUSUAL INCIDENTS/USE OF FORCE REPORTS
Defendant 000031